PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2003								10/8/2,031					
		CLAIMS	AS FILED (Colum		•	lumn 2)				ENTITY OR		OTHER THAN SMALL ENTITY	
TOTAL CLAIMS								ΓE	FEE	7	RATE	FEE	
FOR .			NUMBE	NUMBER FILED		NUMBER EXTRA		FEE	385.00		BASIC FE		
TOTAL CHARGEABLE CLAIMS			r	minus 20=		•		 9=		OR			
INDEPENDENT CLAIMS				minus 3 =		•		=		1	You		
М	ULTIPLE DEP	ENDENT CLAIM	PRESENT							OR	7002	 	
<u> </u>	f the different	ce in column 1 is	s less than	ess than zero, enter "0" in c			+14	5= ·		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOT	AL		OR	TOTAL	·	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Col						(Column 3)	· SMA	LL E	NTITY	OR		R THAN ENTITY	
AMENDMENT A		CLAIMS REMAINING		HIGH	ST			\neg	ADDI-	7		ADDI-	
		AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA	RAT	Ε	TIONAL		RATE	TIONAL	
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
AME	Independent	* .	Minus	***		=	. X43:			OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145	+					
1,6								- 1		OR	+290=		
		_					TOT ADDIT. F			OR ,	TOTAL ADDIT. FEE		
		(Column 1)	1	(Colum		(Column 3)				_			
51		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA	RATE		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=		
	Independent	*	Minus	***		= .	X43=	†		ŀ	X86=		
	FIRST PRESE	ENTATION OF ML	JLTIPLE DE	PENDENT (CLAIM			+		OR			
							+145=			OR	+290≃	•	
					TOTA ADDIT. FE			OR A	TOTAL DDIT. FEE				
_		(Column 1)		(Column		(Column 3)			: •		•	·	
S I WENDWEN I		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	RATE	T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=	T			X\$18=		
	Independent	*	Minus	***		=	X43=	╁		 	-		
1	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						A43=	╀	(°	OR	X86=		
. 14 -	the entry in sel-	mn 1 ic loss'# "					+145=		c	OR	+290=		
- H	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR AC	TOTAL DIT. FEE		
Th	ne "Highest Num	ber Previously Paid	For (Total or	SPACE is le Independent)	ess than is the h	3, enter "3." nighest number f	ADDIT. FEE		oriate box i				